

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>8/24/99</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>8/26/99</i>
FORMALITY REVIEW		<i>71622</i>	<i>9-7-99</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 (Through numeral) Canceled A Appeal
 - Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
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15	✓	✓	✓
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26	✓	✓	✓
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28	✓	✓	✓
29	✓	✓	✓
30	✓	✓	✓
31	✓	✓	✓
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47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
53	✓	✓	✓
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96	✓	✓	✓
97	✓	✓	✓
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99	✓	✓	✓
100	✓	✓	✓

Claim	Final	Original	Date
101	✓	✓	✓
102	✓	✓	✓
103	✓	✓	✓
104	✓	✓	✓
105	✓	✓	✓
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111	✓	✓	✓
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142	✓	✓	✓
143	✓	✓	✓
144	✓	✓	✓
145	✓	✓	✓
146	✓	✓	✓
147	✓	✓	✓
148	✓	✓	✓
149	✓	✓	✓
150	✓	✓	✓

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)